

# Financial Conflict of Interest Disclosure Form



Property of Stem Pharm, Inc.

**Investigator Name:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Grant Number:** \_\_\_\_\_

I am a:                   PI                   \_\_\_\_\_

                              Co-PI                   \_\_\_\_\_

                              Other Key Personnel   \_\_\_\_\_

                              Subcontractor         \_\_\_\_\_

                              Consultant             \_\_\_\_\_

**AT THIS TIME, I HAVE NOTHING TO DISCLOSE**

**AT THIS TIME, I AM DISCLOSING THE SIGNIFICANT FINANCIAL INTEREST(S) INDICATED BELOW.** Responses must include the investigator, spouse, and dependent children.

**Name of Entity:** \_\_\_\_\_

**Address of Entity:** \_\_\_\_\_

**Principal Business of Entity:** \_\_\_\_\_

**Publicly Traded Entity:** Yes / No

For publicly-traded entities, does the value of any remuneration received in the twelve months preceding the disclosure and the value of any equity interest in the entity as of the date of disclosure, when aggregated, exceed \$5,000? (For purposes of this definition, remuneration includes salary and any payment for services not otherwise identified as salary [e.g., consulting fees, honoraria, paid authorship]; equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.)

Yes                   No

For non-publicly-traded entities, does the value of any remuneration received from the entity in the twelve months preceding the disclosure, when aggregated, exceed \$5,000?

Yes                   No

Do you, your spouse, or your dependent children hold any equity interest (e.g., stock, stock option, or other ownership interest in the non-publicly traded entity)?

Yes                   No

Do you, your spouse, or your dependent children hold Intellectual Property Rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests?

Yes                   No

Has the entity reimbursed you for sponsored travel (i.e., that which is paid on your behalf and not reimbursed to you so that the exact monetary value may not be readily available) related to your institutional responsibilities?

Yes                   No

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If you indicated Yes above regarding the entity reimbursing or sponsoring travel, please provide the following information. Add additional pages if needed.

Start and End Date: \_\_\_\_\_ Purpose of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_ Amount Reimbursed: \_\_\_\_\_

### Investigator Certification:

- I agree to update this disclosure on an annual basis, within 30 days of obtaining or discovering a new reportable significant financial interest, and at project completion.
- Should Stem Pharm, Inc. confirm a Financial Conflict of Interest that would potentially bias the research of a funded project I agree to cooperate in the development of a Management Plan to manage, reduce, or eliminate the Financial Conflict of Interest or potential Financial Conflict of Interest identified via this disclosure.
- I agree to comply with any conditions or restrictions imposed by Stem Pharm, Inc. to manage, reduce, or eliminate actual or potential conflicts of interest or forfeit the award.
- I agree to comply with federal, state, and local regulations regarding conflicts of interest as well as Stem Pharm, Inc. policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Investigator

### Stem Pharm, Inc. Institutional Official Review:

I have reviewed this Significant Financial Interest disclosure and have determined that no Financial Conflict of Interest exists or if one does exist that it is possible to develop and execute, prior to award, a Management Plan to manage, reduce, or eliminate any actual or potential Financial Conflict of Interest; and, therefore, I recommend that the proposal be submitted to the agency at this time. Before an award is accepted or funds expended for the research project related to this SFI and potential FCOI, a written management plan approved by me must be in place as well as written documentation of all actions that have been, and shall be, taken to manage such financial conflict of interest.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Stem Pharm, Inc. Designated Official

### GUIDELINES FOR COMPLETING THE FINANCIAL DISCLOSURE FORM

This form is required by federal regulations. Investigators, including PI, Co-PIs, and other investigators identified by Stem Pharm, Inc. or a sub recipient must provide the requested information (regarding themselves and members of their immediate family). The Investigator must disclose significant financial interests in order to allow the institution to identify potential conflicts that might arise in the conduct of proposed research because significant financial interest in some entities might influence decision-making by the Investigator and thereby introduce bias to the design, conduct, and reporting of research performed under NSF and PHS-grants or cooperative agreements. The form does not ask you to disclose any significant financial interests that are clearly unrelated to your proposed research or Institutional Responsibilities. Examples of financial interests that might cause you to disclose are ownership of a business that produces products related to your research or stock holdings in a potential subcontractor's business. That you own a home or have other investments unrelated to your research normally does not represent a significant financial interest as defined by

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the law. In your consideration of disclosure, your professional responsibility must be your guide. If you are confident that you do not have significant financial interests in or from an entity then use the default **NOTHING TO DISCLOSE** box, sign the form, and return it to the Stem Pharm, Inc. Designated Official. If you do have information that requires disclosure, be as complete as possible in your disclosure. The information you provide will remain confidential.

A *potential* **Financial Conflict of Interest** occurs when there is a divergence between an individual's private interests and his/her professional obligations such that an independent observer might reasonably question whether the individual's professional actions or decisions are determined by considerations of personal gain, financial or otherwise.

An *actual* **Financial Conflict of Interest** depends on the situation and not on the character or actions of the individual. A Financial Conflict of Interest exists when the Institution, through its designated official(s), reasonably determines that an Investigator's Significant Financial Interest is related to an NSF or PHS-funded research project and could directly and significantly affect the design, conduct or reporting of the NIH-funded research.